
State:	District of Columbia	Filing Company:	Berkley Casualty Company
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	District of Columbia Workers Compensation Form Filing		
Project Name/Number:	/		

Filing at a Glance

Company:	Berkley Casualty Company
Product Name:	District of Columbia Workers Compensation Form Filing
State:	District of Columbia
TOI:	16.0 Workers Compensation
Sub-TOI:	16.0004 Standard WC
Filing Type:	Form
Date Submitted:	11/14/2019
SERFF Tr Num:	AMMI-132118098
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	BCC-WC-20-001-DC
Effective Date	01/01/2020
Requested (New):	
Effective Date	01/01/2020
Requested (Renewal):	
Author(s):	Stacy Weselius, Ben Grimm, Justin Watts
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State:	District of Columbia	Filing Company:	Berkley Casualty Company
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General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/14/2019	
State Status Changed:	Deemer Date:
Created By: Ben Grimm	Submitted By: Ben Grimm
Corresponding Filing Tracking Number:	

Filing Description:

The purpose of this filing is due to our company name change. Effective 1/1/2019, American Mining Insurance Company is now Berkley Casualty Company. We are filing the forms and notices that will be changing.

Company and Contact

Filing Contact Information

Stacy Weselius, Compliance Manager	sweselius@berkindcomp.com
P. O. Box 660847	205-874-8229 [Phone]
Birmingham, AL 35266	205-870-3245 [FAX]

Filing Company Information

Berkley Casualty Company	CoCode: 15911	State of Domicile: Iowa
P O Box 660847	Group Code: 98	Company Type: P&C
3490 Independence Drive	Group Name: W. R. Berkley Corp.	State ID Number:
Birmingham, AL 35266-0847	FEIN Number: 63-0866690	
(205) 870-3535 ext. [Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

AMMI-132118098

State Tracking #:

Company Tracking #:

BCC-WC-20-001-DC

State: District of Columbia

TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC

Product Name: District of Columbia Workers Compensation Form Filing

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Filing Company:

Berkley Casualty Company

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Labor Contractor Endorsement (Broad Form)	WC 99 03 01	01/20	END	Replaced	Previous Filing Number:	AMMI-129273735		WC 99 03 01 01 20_newfiling.pdf
							Replaced Form Number:	WC 99 03 01		
2		Workers Compensation and Employers Liability Insurance Policy	WC 00 00 01A	05/88	DEC	Replaced	Previous Filing Number:	AMMI-130668176		WC000001A_newfiling.pdf
							Replaced Form Number:	WC 00 00 01A		
3		Workers Compensation and Employers Liability Insurance Policy	WC 90 00 00	01/20	OTH	Replaced	Previous Filing Number:	AMMI-130668176		WC 90 00 00 01 20_newfiling.pdf
							Replaced Form Number:	WC 90 00 00 04 16		
4		Notice to Policyholders - Audit Noncompliance Charge	WC 90 00 05	01/20	DSC	Replaced	Previous Filing Number:	AMMI-130863613		WC 90 00 05 01 20_newfiling.pdf
							Replaced Form Number:	WC 90 00 05 12 16		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

LABOR CONTRACTOR ENDORSEMENT (BROAD FORM)

This endorsement applies only with respect to bodily injury to your leased employees in the state named in Item 2 of the Schedule when provided by a labor contractor named in Item 1 of the Schedule.

Certain words and phrases in this endorsement are defined as follows:

Labor contractor means the entity furnishing some or all of the workers to another entity.

Client means the entity using the services of a labor contractor to obtain some or all of its workers.

Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the labor contractor is an insured. If an entry is shown in Item 3 of the Schedule, the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One we will reimburse the labor contractor named in the Schedule for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the labor contractor's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the labor contractor with any government agency.

We will not ask any other insurer of the labor contractor to share with us a loss covered by this endorsement.

Premium will be charged for your leased employees while provided by the labor contractor. You must obtain from the labor contractor and furnish to us a complete payroll record of your leased employees provided by the labor contractor to satisfy your obligations under Part Five (Premium), C.2.

The policy may be cancelled according to its terms. If the policy is cancelled, we will send notice of such cancellation to the labor contractor.

Part Four (Your Duties If Injury Occurs) applies to you and the labor contractor. The labor contractor will recognize our right to defend under Parts One and Two and our right to inspect under Part Six (Conditions).

Schedule

1. Labor Contractor
- Address
2. State Where Work Performed
3. Contract or Project

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement
Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

Workers Compensation and Employers Liability Insurance Policy

		Policy Number	Policy Period From To
		(12:01 AM at the insured location)	
Information Page		Renewal/Rewrite of Policy Number	
1. Named Insured and Address		Agency Information	
Carrier No.	FEIN	Risk ID	Entity Type

Additional Workplaces not shown above:
Refer to Schedule of Locations Endorsement

2. The Policy Period is from to 12:01am Standard Time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under part Two are:
- | | | |
|---------------------------|----|---------------|
| Bodily Injury by Accident | \$ | each accident |
| Bodily injury by Disease | \$ | policy limit |
| Bodily injury by Disease | \$ | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
- D. This policy includes these endorsements and schedules: SEE ATTACHED SCHEDULE
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All Information required below is subject to verification and change by audit.

SEE ATTACHED CLASSIFICATIONS OF OPERATIONS

Minimum Premium \$	Total Estimated Annual Premium \$
	Premium Discount \$
	Expense Constant \$
	Deposit Premium \$

Premium Payment Plan: ☐ Direct Bill ☐ Agency Bill

Premium Adjustment Period: ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly

Issue Date: _____

Issuing Office: _____ Authorized Representative

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

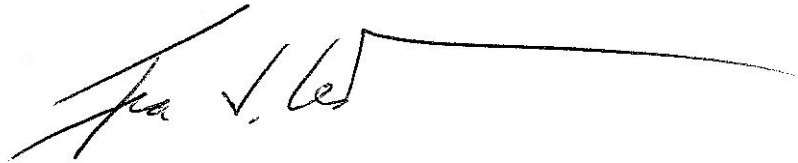
THE ATTACHED POLICY CONSISTS OF:

- Information Page and Applicable Forms and Endorsements

In Witness Whereof the company has caused this policy to be signed by its president and secretary.



W. Robert Berkley, Jr.
President and Chief Executive Officer



Ira S. Lederman
Executive Vice President and Secretary

Notice to Policyholders - Audit Noncompliance Charge

If you are noncompliant with the audit process a penalty charge may be assessed to your policy premium.

An Audit Noncompliance Charge endorsement is attached to your policy. The endorsement outlines the method for calculating the Audit Noncompliance Charge.

The audit provision is located under Part Five – Premium, Section G. (Audit), of your Workers Compensation and Employers Liability Insurance Policy (WC 00 00 00 C).

State:	District of Columbia	Filing Company:	Berkley Casualty Company
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	District of Columbia Workers Compensation Form Filing		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	Our forms and endorsements normally register 42 on the flesch score.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	This filing is not being completed by a third party.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	This filing does not involve a Group Trust.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	This is not a TRIPRA filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	side by side
Comments:	
Attachment(s):	WC000001A_newfiling.pdf WC 00 00 01 A_strikethrough.pdf WC 90 00 00 01 20_newfiling.pdf WC 90 00 00 04 16_strikethrough.pdf WC 90 00 05 01 20_newfiling.pdf WC 90 00 05 12 16_strikethrough.pdf WC 99 03 01 01 20_newfiling.pdf WC 99 03 01 11 04_strikethrough.pdf
Item Status:	
Status Date:	

Workers Compensation and Employers Liability Insurance Policy

		Policy Number	Policy Period From To
		(12:01 AM at the insured location)	
Information Page		Renewal/Rewrite of Policy Number	
1. Named Insured and Address		Agency Information	
Carrier No.	FEIN	Risk ID	Entity Type

Additional Workplaces not shown above:
Refer to Schedule of Locations Endorsement

2. The Policy Period is from to 12:01am Standard Time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under part Two are:
- | | | |
|---------------------------|----|---------------|
| Bodily Injury by Accident | \$ | each accident |
| Bodily injury by Disease | \$ | policy limit |
| Bodily injury by Disease | \$ | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
- D. This policy includes these endorsements and schedules: SEE ATTACHED SCHEDULE
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All Information required below is subject to verification and change by audit.

SEE ATTACHED CLASSIFICATIONS OF OPERATIONS

Minimum Premium \$	Total Estimated Annual Premium \$
	Premium Discount \$
	Expense Constant \$
	Deposit Premium \$

Premium Payment Plan: ☐ Direct Bill ☐ Agency Bill

Premium Adjustment Period: ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly

Issue Date: _____

Issuing Office: _____ Authorized Representative

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**INFORMATION PAGE**

NCCI Carrier Code # 26727

Policy Number:
New or Renewal:**Issued By:**American Mining Insurance Co.
P.O. Box 660847
Birmingham, AL 35266-0847**H/O #****NAICS #****1. Named Insured and Address****Agency No.:** _____**Employer Federal ID #:**
State:
LOCATIONS:**Unemployment Insurance Account Number:**
Entity of Insured:**Risk ID.:****Policy Period****2.** The Policy Period is from: _____ to _____ 12:01 AM Standard Time at the insured's mailing address.**3. COVERAGES**

- A.** Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
- B.** Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item A. The limits of our liability under Part Two are:
- | | | |
|---------------------------|----|---------------|
| Bodily Injury by Accident | \$ | each accident |
| Bodily Injury by Disease | \$ | policy limit |
| Bodily Injury by Disease | \$ | each employee |
- C.** Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
- D.** This policy includes these endorsements and schedules:

4. PREMIUM This policy is: ☐ Direct Bill ☐ Pay Plan ☐ Agent Billed

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

	<u>EST ANNUAL</u>
Subject Premium	\$
Terrorism	\$
Total Estimated Annual Premium	\$

Countersigned:

By _____
Countersignature or Authorized Representative, whichever is applicable

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

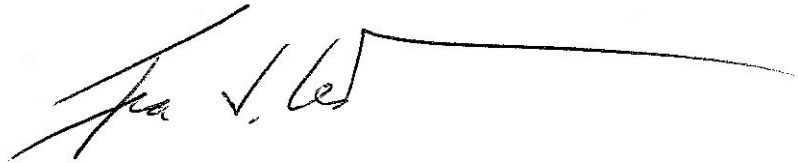
THE ATTACHED POLICY CONSISTS OF:

- Information Page and Applicable Forms and Endorsements

In Witness Whereof the company has caused this policy to be signed by its president and secretary.



W. Robert Berkley, Jr.
President and Chief Executive Officer



Ira S. Lederman
Executive Vice President and Secretary



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

THE ATTACHED POLICY CONSISTS OF:

- Information Page and Applicable Forms and Endorsements

In Witness Whereof the company has caused this policy to be signed by its president and secretary.

A handwritten signature in black ink, appearing to read 'W. Robert Berkley, Jr.', with a long horizontal line extending from the end.

W. Robert Berkley, Jr.
President and Chief Executive Officer

A handwritten signature in black ink, appearing to read 'Ira S. Lederman', with a long horizontal line extending from the end.

Ira S. Lederman
Executive Vice President and Secretary

Notice to Policyholders - Audit Noncompliance Charge

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Under Part One we will reimburse the labor contractor named in the Schedule for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the labor contractor's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the labor contractor with any government agency.

We will not ask any other insurer of the labor contractor to share with us a loss covered by this endorsement.

Premium will be charged for your leased employees while provided by the labor contractor. You must obtain from the labor contractor and furnish to us a complete payroll record of your leased employees provided by the labor contractor to satisfy your obligations under Part Five (Premium), C.2.

The policy may be cancelled according to its terms. If the policy is cancelled, we will send notice of such cancellation to the labor contractor.

Part Four (Your Duties If Injury Occurs) applies to you and the labor contractor. The labor contractor will recognize our right to defend under Parts One and Two and our right to inspect under Part Six (Conditions).

Schedule

1. Labor Contractor
- Address
2. State Where Work Performed
3. Contract or Project

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement
Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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Schedule

- | | |
|-------------------------------|---------|
| 1. Labor Contractor | Address |
| 2. State Where Work Performed | |
| 3. Contract or Project | |

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$

Insurance Company ~~American Mining Insurance Company~~

Countersigned by _____